

EXHIBIT 191

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Nelida Sánchez Rodríguez
Participant's Address: P.O. Box 1128, Fajardo, Puerto Rico 00738
Participant's Email Address: Nellie change over. Com
Name of Counsel: NO 17 BK 32 83 - LTS
Address of Counsel: United States District Court, Clerk's Office, 150 Carlos Chardon Ste 150, San Juan P.R. 00918-1767
Email Address of Counsel: Puertorinfo@primercleer.com
Nellie @ change over. Com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 1196 88
Nature of Claim: Me debían = Aumento de Sueldo y Exceso por días de trabajo
By: Nelida Sánchez Rodríguez
Signature
Nelida Sánchez Rodríguez
Print Name

Title (if Participant is not an individual)

10 de junio de 2021
Date

RECEIVED

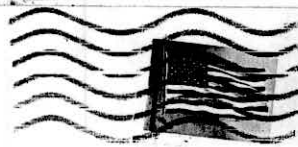
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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Ms. Sanchez Rodriguez, Nelida
PO Box 1128
Fajardo, P.R. 00738

SAN JUAN PR 009
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Commonwealth of Puerto Rico ACR Processing Center
c/o Prime Clerk, LLC
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